



Louisville Metro Air Pollution Control District

Source Registration or Exemption Request Form AP-500A

Deliver application to:

850 Barret Avenue
Louisville, KY 40204

(502) 574-6000

FAX: (502) 574-5137

www.louisvilleky.gov/apcd

airpermits@louisvilleky.gov

In accordance with District Regulation 2.02, certain facilities may apply for exemption from further regulation by the Louisville Metro Air Pollution Control District or may apply for registration as a business with a low potential to emit. Exemption or Registration may be accomplished by completion of this application form and subsequent approval by the District, as described in Regulation 2.02.

Type of Application

<input type="checkbox"/> Exempt	This source is not subject to any applicable requirements contained in 40 CFR Parts 60, 61, or 63, and meets the emission thresholds set forth in District Regulation 2.02, section 2.1.
<input type="checkbox"/> Exempt	This source is not subject to any applicable requirements contained in 40 CFR Parts 60, 61, or 63, and conducts only one insignificant activity, as defined in District Regulation 1.02.
<input type="checkbox"/> Registered	This source is subject to an applicable requirement contained in 40 CFR Parts 60, 61, or 63, and meets the emission thresholds set forth in District Regulation 2.02, section 4.1.
<input type="checkbox"/> Registered	This source will accept operational limits described in the registration documents.

Source Information

Plant (Facility) name:	Plant ID:
Plant street address:	
City:	ZIP + 4:
Nature of business:	
Nature of surrounding area: <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Rural <input type="checkbox"/> Urban	

Owner Information

Name:		
Address:		
City:	State:	ZIP + 4:
Owner's agent (if applicable):		
Owner or agent e-mail:	Owner or agent telephone:	

Operator Information (same as owner ☐)

Name:		
Address:		
City:	State:	ZIP + 4:
Operator's e-mail:	Operator's telephone:	

District correspondence should be directed to: ☐ owner ☐ operator ☐ agent (specify contact information on page 3)

Operating Schedule

		Hours / day	Days / week	Weeks / year	Seasonal Variation (%)
Normal	(Mon-Fri)				Jan - Mar:
	(Sat-Sun)				Apr - Jun:
Maximum	(Mon-Fri)				Jul - Sep:
	(Sat-Sun)				Oct - Dec:

Emission Unit Definition
Process Description:
Raw Materials:
Products:

Emission Process Information							
Emission Process #	Emission Process Description	Manufacturer	Model #	Maximum Rated Capacity	Date Installed (mm/dd/yy)	Control Equipment ID#	Stack ID #

If registering under Regulation 2.02, sections 4.1.3 or 4.1.4, describe the method you will use to demonstrate compliance with the emission limits for registered sources. Records that demonstrate compliance with the emission limits must be kept. You must retain these records for 5 years from the date of creation.

<input type="checkbox"/> Restricted hours of operation -
<input type="checkbox"/> Restricted shifts -
<input type="checkbox"/> Material purchase and use records -
<input type="checkbox"/> Production records -
<input type="checkbox"/> Other method (describe) -

Agent's Information			
Name:			
Address:			
City:	State:	ZIP + 4:	
Agent's e-mail:		Agent's telephone:	

Responsible Official Certification	
<p>Based on information and belief formed after reasonable inquiry, I certify that the statements and information in this document and all associated attachments are true, accurate, and complete.</p>	
BY:	
	<div>_____ Typed or Printed Name of Signatory</div> <div>_____ Date</div>
	<div>_____ Authorized Signature</div> <div>_____ Title of Signatory</div>